U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10982	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Keith G White	Name Laborers' Local 334		
	Labor Organization File Number 807294		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 323		
Street 462 Carlston	Street 2727 2nd Ave.		
City River Rouge	City Detroit		
State Michigan ZIP Code + 4 48218	State Michigan ZIP Code + 4 48201		
5. Position in labor organization. Secretary-Treasurer			
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	lusions set forth in the instructions):		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	\$0		
State ZIP Code + 4			
	nature		
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the so	ving documents) has been examined by the signatory and is, to the best of the		
Signed	On 8/14/2005 (313)964-7481		
/ . / />	Date Telephone Number		

****				
Name of Person Filing Keith White	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Laborers Metro. Detroit Health Care Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6525 Centurion Drive  City Lansing  State Michigan ZIP Code +4 48917	a. Labor Organization  b. Trust  c. Employer			
211 0000 14 10517				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trada Nama if your	The fund has established thourgh collective bargaining between several local unions and several employer associations. In 2004 I servaed as a union trustee.			
Trade Name, if any:	clustee.			
P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.			
State ZIP Code + 4	My expenses were to attend confer., hotel, registation fee, travel advance and other expenses.			
	12.b. Amount. \$2,429			
	12.b. Amount. \$2,429			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Munder Management Capital  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 480 Pierce Street	14.a. Nature of payment.  Fund consultant paid for a ticket to the ryder cup. I enturn provided photos of the profressional golfers (this service was provided through my independent company I own).			
City Birmingham				
State Michigan ZIP Code + 4 48009				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

151				
Name of Person Filing Keith White		File Number <b>U</b> -		
Part C Continuation Page				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	o diaman halling and T		
Name 5th 3rd Bank	We went to lunch to discuss a banking system I was interested in emplimenting and its feasibility.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 27255 Lasher				
City Southfield				
State Michigan ZIP Code + 4 48034				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$40		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer	14.b. Amount of payment.			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor	relations consultant to an employer any		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

August 15, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Keith G. White Labor Organization File No. U-007-294

Dear Sir or Madam,

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 20004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advise, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely